

**Supplement 3: Informed consent form “TOP-mums, for a healthy start”**  
*Women who plan to conceive*

- I have read the subject information form. I was able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether to participate.
- I know that participation is voluntary. I know that I may decide at any time not to participate after all or to withdraw from the study. I do not need to give a reason for this. When I decide to quit my participation, this will not have any influence on the usual care for me.
- I know that, when I decide to quit my participation, the researcher may ask me to complete questionnaires regarding expenditures in terms of my pregnancy and child.
- I give permission for my general practitioner, midwife and treating specialist to be informed that I am participating in this study.
- I agree that my general practitioner and/or treating specialist will be informed of coincidental findings that may be of interest for my health.
- I know that some people have access to all my data to verify the study. These people are listed in the information letter and the Brochure “Medical Research: General information for subjects”. I consent to the inspection by them.
- I approve that my data will be used in order to achieve the goals as described in the information letter.
- In addition, I approve that my personal and medical information, as described in the information letter, will be retrieved from my midwife and/or my gynaecologist.
- I know that the researcher will approach me after my delivery, to ask for informed consent for participation of my child in the study.
- I approve that my data that will be collected during this study, will be stored for 15 years.
- I **do/do not\*** approve to store my human tissue that will be collected during the study for 15 years after the end of this study. In the future, the human tissue may be used for research questions in line with this study.
- I **do/do not\*** desire to be informed about the results of the study.
- I **do/do not\*** approve to be approached for further research.

\* Please cross the option that is not applicable.

I want to participate in this study.

Name of study subject:

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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I hereby declare that I have fully informed this study subject about this study.

If information comes to light during the course of the study, that could affect the study subject's consent, I will inform her of this in a timely fashion.

Name of investigator (or his/her representative):

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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If applicable, additional information was given by:

Name:

Job title:

Signature:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_